		——————————————————————————————————————	LICATION Subs	ON FEE DET	ERMINATI	ON RECOR	D	1/2	cayon or Dockor	Ocontrol number
1		CLAINE						77	22	3/8
-			CLAIMS AS FILED - PART I		(Cohmin 2) . SMALL		LL ENTITY	Ott	OTHER THAN SMALL ENTITY	
-	FOR IASIC FEE D7 CFR 1.16(a))		MBER FRE	D INIM	MIMBER EXTRA		rcc		KAH	111
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	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ 5		GR.		
	If the difference in column 1 is less than zero, enter "0" in column 2.					101AL	-	CR	+ S =	
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/	-20-1	~		- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					•	
1	1	(Column 1)		(Column 2).	(Column 3)	SMALI	ENTITY	ŌR		R THAN ENTITY
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									+ s=	
•	If the entry in co	lumn 1 is less tha	n the entry i	in column 2, write	· · · · · · · · · · · · · · · · · · ·	TOTAL SEE			TOTAL ADD'L FEE	7
•••	in the Highest N	umber Previously umber Previously	Paid For I	in column 2, wrile N THIS SPACE is N THIS SPACE is:	less than 20, ent	er "20".			_	

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the uncluding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Dapartment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS